## APPLICATION FOR BUSINESS LICENSE IN THE TOWN OF TALKING ROCK

Date:	_		
Name of Applicant:			
Business Name:			
Business Address:		Street	
		Sirect	
	City	State	Zip
Email Address:			
Business Telephone:		Home	
Home Address			
		Street	
	City	State	Zip
Federal Tax ID or SSN:			
Date of Birth of Applican	nt:		
Square Footage of Busine	ess, if new buildi	ng:	
Description of Business:			
List Name of Proprietor a	and all Partners w	vith telephone numbe	ers:
Is business incorporated?			
Business hours:			
Signature of Applicant			

Town of Talking Rock 4675 HWY 136 W, TALKING ROCK, GA 30175 706-253-5515 townclerk@talkingrockga.com